

FSSAC Quarterly Meeting

May 7, 2004

2nd Floor Wilderness Room

Colonial Building, 2401 Colonial Drive

Helena, MT

Members Present: Brian Lenhardt (Chair), Mary Huston, Ted Maloney, Sandi Marisdotter, Phyllis Astheimer, Diana Colgrove, Sandy McGennis, Dan McCarthy, Gerald Pease, Cris Volinkaty

Others Present: Judy LeRoux (DDP Child & Family Liaison), John Clymer (Child and Family Services Division/Child Protective Services), Jackie Emerson (recorder- DDP Program Assistant)

Brian welcomed everyone and those present introduced themselves.

The agenda was reviewed and revised. Dan will not be present until about 10:30. Lunch will be moved up to 11:30 to avoid the rush.

Brian introduced John Clymer from Child Protective Services who has agreed, upon approval from the Governor, to join the FSSAC. He will be replacing Lynda Korth who resigned due to workload issues.

The minutes from the last meeting were reviewed. No changes were suggested. There was no quorum to vote.

CAPTA: Child Abuse Prevention and Treatment Act (Ted)

There is a requirement for referral by Child Protective Services (CPS) to Part C early intervention services when there is a substantiated case of abuse or neglect involving a child under age 3.

The impact on Part C will include:

- Increased number of referrals
- Increased number of eligibility determinations

The assumption is that some, perhaps many, children referred will not meet Part C eligibility requirements.

This requirement may challenge the DDP Child and Family Service Provider's ability to complete the eligibility determination process in a timely fashion, thus possibly impacting completion of child assessment, family information gathering, and development of the IFSP. Difficulty may also arise if the Child and Family Service Provider (CFSP) needs to work with both natural parents and foster parents, as not all children will be wards of the State and, also, some cases will require the appointment of a surrogate parent – which cannot be the foster parent.

It is uncertain what the impact of CAPTA will be until numbers are in. The approximate numbers of total children in Child Protective Services based on data that ended in July of 2003 for the whole year are: 9,734 children reported; 6,641 unsubstantiated; 884 substantiated. The number of substantiated cases extrapolated for ages 0-3 would be 156 children (0-3 = 17.6% of the children 0-17 years of age). It is not known how many of these children are currently being served. It would be helpful to survey the providers to find out.

John Clymer reported that based on data reported in February for the past year, there are 390 children in foster care that are in the 0-3 age range which does not include substantiated children who are not in foster care.

John and Judy have met several times to share information about Part C and CPS. The discussions have included Ted Maloney and have revolved around CPS workers gathering child development information, including reviewing developmental screening instruments for possible use by the CPS workers.

Judy, John and Ted participated in a US Department of Education/Office of Special Education Programs telephone conference concerning the CAPTA requirements and possible options for implementation of the requirements with special attention to the Part C statutes, rules, and regulations.

John noted that the extrapolated number of 156 age 0-3 kids that might be referred would probably be higher because of the greater percentage of cases involving younger children that are substantiated.

Child Protective Services (CPS) is currently under a Program Improvement Plan implemented by their Federal counterpart. Their program is down 70 workers in the past 2 years which is making caseloads huge so they are trying to find an effective way to work with the DD Program to implement the new requirements without creating more work for everyone.

Ted suggested forming a strategic planning group to look at the next steps in dealing with the impact of the requirement on the providers, as well as on Child Find. One possibility may be for the referred agency to assess the child and write a letter to the family (there must be documentation) that the provider has assessed the child and does not plan to do a full eligibility evaluation at the present time. The family may or may not choose to pursue the issue. The documentation would need to be uniform across the state.

The problem of getting permission was discussed because, although CPS requires referral, Part C is voluntary on the part of parents and they cannot be forced to accept services for the child if the child were found to be eligible. There may also be a problem getting permission if the parents are absent – sometimes the length of time to get consent is detrimental to the ability to access early intervention services and, therefore, to the progress of the child.

The providers reported that, so far, it seems to be working well within the regions but may not be uniform depending on the provider's relationship with CPS workers. Sandi stated that in Butte the referrals are routine but the vast majority are not eligible, in Bozeman there are 2-3 per month, and in Helena referrals are rare. Phyllis said most are looking for resources and want a recommendation.

It would be good to decide on the next steps with Child Find. The planning group could work with Directors and assess the problem and then at least the FSSAC could articulate in writing the steps of a plan to deal with the requirement. The plan for processes should be in place before OSEP visits – probably in the fall. The visit will be to Central Office only and not to travel around the State but Judy can bring in people from the Part C Program around the State to talk to the reviewers.

Dan reported that there is a need to identify the children coming into Part C as a result of CAPTA and see if it causes a problem when they transition to Part B. The numbers may be inflated since most may not be eligible. Look at the Part C exit data and if they do not transition to Part B, where do they go?

CSPD – What is it? Why is it important to Part C? How is it linked?: (Ted)

The CSPD is the Comprehensive System of Personnel Development. It is part of Office of Public Instructions and was required by IDEA. The focus is on in-service training and pre-service training for special education personnel. With reauthorization it was expanded to include Part C. The CSPD is made up of State and Regional Councils and holds regional/local trainings as well as statewide training. It is linked to the State Improvement Grant (SIG) funding. With the 1997 reauthorization, the SIG's became the only way to access funding for Part C training. A new round of SIG RFP's should be announced soon. SIG requires looking at comprehensive training and not just Part C. There are more needs than resources, thus the competing demands. In order to be included in the SIG, Part C needs to advocate for its needs with OPI.

Part C is currently linked with CSPD though representatives from Part C that serve on State and Regional Councils. These representatives are advocating for an early childhood training needs assessment that takes in to account the training needs of the Family Support Specialist(FSS), Preschool Special Ed personnel, and other early childhood personnel.

An Early Childhood Taskforce has been created which has held two meetings – one for the purpose of planning. The Part C Personnel Preparation Committee and the FSSAC Strategic Work Plan need to be coordinated with this effort.

Part of the settlement of the Travis D. lawsuit was that funds be set aside for training – primarily for adult services. The FSSAC could write a letter of support to access funding for training that will benefit kids and ultimately will also benefit adult services by keeping people from institutions.

The FSSAC will write a letter to Susan Bailey-Anderson (and cc Bob Runkel) articulating the fact that CSPD is the only source of training for Part C and that SIG applications are coming up soon. The letter should state that CSPD could get focused on other Early Childhood perspectives and not address the needs of Part C. Ted will help Brian write the letter and it will be sent out to the FSSAC members for approval.

Governor's Early Childhood Partnership (Judy)

After traveling to the Florida conference on Early Childhood, the Governor has formed a task force, to address early childhood and school readiness. The Governor asked for recommendations from the group for a project for Montana. Judy was invited to the initial meeting, and shared information about the Part C early intervention services. She represented some of the ideas/information provided to her by Part C stakeholders, as she requested input from the FSSAC and the Provider agencies prior to the Governor's task force. The task force identified a need to be inclusive of all children in Montana. The task force has defined itself as a "partnership" with all stakeholders, and is still in the stage of formulating a plan of action.

Dual Diagnosis Training: (Judy)

DDP sponsored training in Great Falls on Monday and Tuesday (May 3 & 4) on dual diagnosis. The attendees were from the DD Programs across the State, as well as representatives from Mental Health and Addiction Services. DDP is working with Mental Health services to address the problem of how to serve those who are dually-diagnosed when the service systems are so different.

The FSSAC needs to have a Children's Mental Health representative. Jackie Jandt serves on the Council from Mental Health but she works with Adult services. Judy will contact Pete Surdock to ask him if his Department has someone that would like to join the FSSAC.

FSS Certification: (Judy)

The next FSS Comprehensive Certification will take place on Friday, May 21 in Helena. There are 4 applicants who will be participating in the interview process. The panel will include Jan Cahill (QLC) as the Executive Director, Laurie Massar (HLHP) from Circle, MT as the parent, George Biebl (HLHP) as the FSS, Ted Maloney representing Personnel Prep, and Judy as the DDP representative.

So far there have been 12 FSS's fully certified from the last two events.

Since it is difficult for the panel members to keep track of who was assigned what extra work, it was suggested that the applicants be given timelines to complete the work in order to finish the process in a timely manner and that the letter identifying the work be sent to the panel members when they are asked to review the follow up work.

Universal Newborn Hearing Screening (Sandy McGennis)

This is the last year of federal funding for Montana's UNHS program. The most likely potential option for continuation of UNHS is to roll UNHS into the Maternal Child Healthcare (MCH) Block Grant to states without its funding. The MCH Block Grant is already being cut back for support of existing services. This year alone, just under \$50K

has been cut from Montana's MCH Block Grant. Addition of UNHS functions to the MCH Block Grant without additional funding requires immediate and creative strategies to "institutionalize" screening monitoring.

The challenge this year is to establish the computer and partnerships infrastructure that will allow monitoring of the newborn hearing screening, assessment, and intervention process as efficiently and effectively as possible given the resources available. The plan is to link the birth certificate registry with HI*TRACK to ensure that none of the babies born in Montana are failing to be screened and referred for assessment as needed. Children with an assessed hearing loss will be entered into the Children's Health and Referral Information System (CHRIS). Relevant information of those children will be directly accessed by staff from the Montana School for the Deaf and Blind, who will also use the CHRIS system. Possible use of the CHRIS system by Part C contractors and by OPI has been discussed with state staff. Montana School for the Deaf and Blind (MSDB) is currently talking with Part C contractors about coordinating referrals and services. The state legislature is the only overarching "authority" over all the agencies that have a piece of the existing continuum of services for children with hearing impairments. The greatest hope for success in maintaining a continuum of early screening, assessment, and intervention is to establish strong sustainable partnerships among the stakeholders and service providers in each community/region of the state.

Sandy attended the National Early Hearing Detection and Intervention (EHDI) meeting in Washington, D.C., in February 2004. The theme of the conference was seamless transitions between screening, diagnosis, and intervention. Currently in the U.S. 85% of all US babies are screened and statistically 50% of those babies are lost to follow up. Some of the efforts underway in various states through various organizations are to address parent education and medical home education challenges. MSDB's excellent learning weekends address parental education and support. There are many discussions about the role of Part C services across the nation.

Information about integrating newborn screening with other Maternal Child Healthcare (MCH) systems, such as immunization registry, hearing and heelstick screening, vital records can be found in the sourcebook of best practices for integrated systems available online at www.PHIL.org.

The next UNHS Task Force meeting will be held Tuesday, September 28, 10:00 until noon.

Judy reported that the Task Force was considering a plan to set up a Stakeholder Conference in the Fall 2004 and would like suggested topics and training contacts and stakeholders to be involved.

Sandy also reported that information from Sara ~~Ayer~~ Eyer found that signing with children before 6 months of age will prevent language delay. So there is a push to start signing training early if there is any suspicion of hearing loss. Signing training has also been shown to help develop language for hearing children.

Due Process and Mediation: (Ted)

Because Due Process complaints are a key OSEP performance indicator on the Annual Performance Report, the procedures will be reviewed in the next monitoring visit.

From interview questions during the FSS certification process there is indication that some FSS's do not understand all of the Due Process procedures. The language is confusing when comparing the State Application for Part C for Due Process, the Montana Handbook for Dispute Resolution for Early Intervention Services, and the Federal Rules and Regulations for Part C and B.

Ted recommended and all agreed it would be helpful to form a Due Process Committee to make suggestions for how the language could be updated, clarified, and correlated. It would also be a good time to write a clear, simplified version of the steps of Due Process for parents and put it in the First Steps booklet since PLUK is in the process of revising the booklet.

The Council discussed complaints and how they are resolved. Providers reported that most issues or concerns are resolved before they get to the stage of a written complaint. Most of the issues involve personality conflicts and when the family has the option to have another FSS assigned, there is no further complaint.

It would be easier for families to understand if there was uniformity across providers. Let parents know how to exercise their options – most don't know they can bypass at any time and go right to Mediation and/or Due Process.

The Due Process Committee could define the steps start to finish. Providers need to be informed what they need to track. When tracking is done there will be a data point to demonstrate that mediation is being handled properly. Judy reported that she wasn't sure OSEP would want tracking at agencies unless the complaint went to Due Process. But it would be good to look at the process and make it clear for parents and put it in the First Steps booklet – and also post it on the FSSAC website.

The committee will include Dan (chair), Ted, Mary, Brian, and Judy. It will also include Phyllis and Sylvia if they will agree to serve. The Council also suggested emailing the entire Council to see if there were other members who wanted to serve. Ted will email results and ask for comment.

Performance Report: (Judy)

Many of the projected targets have been completed, at least to some degree.

The FSSAC website will be updated and it was suggested that agency newsletters might be added. Parents often write letters to put in the newsletters.

QIS/Parent Relationship: (Judy)

If parents have not done so already, they should make contact with the QIS in their Region.

PLUK Update: (Diana)

PLUK has set up associate boards. Diana has been to those board meetings as well as to the parent meetings. There has been low attendance at the meetings after the first one due to the lack of childcare. PLUK will be doing some fund-raising activities such as the Missoula Children's Theater. They are also trying to make the Visionet classes more mobile to allow more people to attend and will also be giving continuing education credits for the classes.

Agency Reports:

OPI (Dan) - Gwen Beyer finishes her term on the Montana Special Education Advisory Panel on June 30. OPI is seeking a person to serve as the Part C representative for the Montana Special Education Advisory Panel. Specifically, the Advisory Panel is looking for: a Part C/IDEA representative chosen from a list composed of all of the following individuals: Family Support Services Advisory Council members, Part C State Agency Administrators, and Administrators of Part C Child and Family Service Provider Agencies. The Part C representative must be from the list of the above following individuals, and a representative who is the parent of an infant, toddler, or preschool-age child with disabilities is preferred. The Superintendent of Public Instruction selects Advisory Panel members from a list of nominees submitted by this Office. The Panel meets four times yearly, usually for a day and a half each time. Reimbursement is provided at State rates.

Cris nominated Diana Colgrove as the representative from the Council to the Panel.

Family Outreach (Sandi) – DDP did give a grant to Family Outreach to help pay for entitled services (OT/PT/Speech Therapy). (Handout) The graphs and charts show the population vs. contracted units and the composite (GF & Part C) of contracted units for each Region. Family Outreach is overserving by 60%. The population is growing. DDP is exploring options but without results. The funds are expected to be the same as last year. Child Find is very successful without targeting specific areas but had to slow down because there is no money to serve more children.

CDC (Cris) – CDC has had to hire an extra person.

Legislative (Gerald) – Things are starting to heat up for Legislature. Need ideas for funding mechanisms.

NEXT MEETING: Summer Summit – August 12 & 13